

**OGLALA SIOUX TRIBE
COVID-19 HOUSEHOLD ECONOMIC ASSISTANCE PROGRAM**

The Oglala Sioux Tribe COVID-19 Household Economic Assistance Program provides assistance to eligible tribal members whose households have been negatively impacted by the COVID-19 public health emergency and its economic consequences. This Program is funded by the American Rescue Plan (ARP) Act's Coronavirus State and Local Fiscal Recovery Fund (FRF). Funding is limited and assistance is subject to the availability of funds. Payments under this program are disbursed pursuant to the Tribe's General Welfare Program.

The Tribe will take steps to keep this application confidential, but the Tribe may be required to provide a copy of this application to the U.S. Treasury Department to demonstrate compliance with the ARP, FRF, and applicable regulations and guidelines. In addition, the Tribe may use aggregated statistical data for the purposes of advocating for additional federal, state, and other funding and services for the Tribe and its members.

APPLICATION AND CERTIFICATION FORM FOR ADULT TRIBAL MEMBERS
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APPLICANT INFORMATION

1. Name _____
Enter the applicant's full name as it appears in the Oglala Sioux Tribe Enrollment Records.

2. Oglala Sioux Tribe Enrollment Number _____

3. Date of Birth _____

4. Physical Address _____

5. Mailing Address _____

6. Telephone Number _____

7. Email Address _____

8. Do you reside on the Pine Ridge Indian Reservation? _____ Yes No

Note: If your answer to question 8 is "No," you may skip questions 9 and 10 and go to question 11.

9. Tribal District _____

10. Tribal Community (if known) _____

INCOME INFORMATION

11. Was your adjusted gross income in 2020 equal to or less than \$75,000 if you are a single person, \$112,500 for a head of household, or \$150,000 for a married couple (combined income of both spouses)? Yes No

Note: If your answer to question 11 is "No," you must provide the information and documentation requested in question 16.

12. Was your total household adjusted gross income in 2020 equal to or less than the amounts in the tables below, based on the total number of persons living in your household? Yes No

Number of Persons in Household							
1	2	3	4	5	6	7	8
\$63,420	\$72,480	\$81,540	\$90,600	\$97,848	\$105,096	\$112,344	\$119,592

Number of Persons in Household							
9	10	11	12	13	14	15	16
\$126,840	\$134,088	\$141,336	\$148,584	\$155,832	\$163,080	\$170,328	\$177,576

13. Do you or any person in your household currently receive assistance from any of the following programs? (Check each and every line that applies.)

_____ Bureau of Indian Affairs Direct Assistance Program, also known as Financial Assistance and Social Services (FASS) (Examples include General Assistance, Child Assistance, Non-Medical Institutional or Custodial Care of Adults, Emergency Assistance)

_____ Food Distribution Program on Indian Reservations (FDPIR)

_____ Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps

_____ Special Supplemental Food Program for Women, Infants, and Children (WIC)

_____ Child Nutrition Programs (Examples include National School Lunch Program, School Breakfast Program, Special Milk Program, Child and Adult Care Food Program, etc.)

_____ Medicaid

_____ Children's Health Insurance Program (CHIP)

_____ Subsidized Housing (Examples include Indian Housing administered by an Indian Housing Agency, such as Oglala Sioux (Lakota) Housing, Public Housing administered

- _____ by a Public Housing Agency, Project-Based Section 8 Rental Assistance Housing, Housing Choice Voucher Program, Low-Income Housing Tax Credit Program, etc.)
- _____ Low-Income Home Energy Assistance Program (LIHEAP)
- _____ Supplemental Security Income Program (SSI)
- _____ Temporary Assistance to Needy Families (TANF)
- _____ Head Start
- _____ Earned Income Tax Credit (EITC)
- _____ Federal Pell Grant Program

ECONOMIC HARM

14. Please state each and every reason why you are requesting household economic assistance. (Check each and every line that applies.)

- _____ Increased household expenses due to the COVID-19 public health emergency (Examples include, but are not limited to: increased housing expenses to comply with public health measures, like shelter-in-place and self-quarantine, including increased rent, mortgage, or utility expenses and increased expenses for home repairs and weatherization; increased grocery or food delivery expenses; increased expenses due to sanitizing and personal protective equipment needs; increased child care expenses; increased expenses related to remote learning and telework; increased costs associated with caring for household members with COVID-19; increased costs associated with additional persons living in household due to the pandemic; and burial expenses for COVID-19-related deaths, etc.)
- _____ Decreased household income due to the COVID-19 public health emergency
- _____ Persons in household over age 18 have experienced unemployment during the COVID-19 public health emergency
- _____ Increased food insecurity during the COVID-19 public health emergency, including lack of consistent access to enough food for an active, healthy life
- _____ Increased housing insecurity during the COVID-19 public health emergency, such as high housing costs relative to income, poor housing quality, poor housing and neighborhood safety, overcrowding, loss of housing, and homelessness
- _____ Persons in household are surviving spouses or dependents of persons who have passed away due to COVID-19
- _____ Other economic hardship due to the COVID-19 public health emergency.

ADDITIONAL CERTIFICATIONS

15. The applicant certifies in good faith, subject to pains and penalties of perjury and other punishments under the law, that all previous statements are true and correct, and that the following statements are true and correct by *initialing next to each and every line*:

___ The applicant needs economic assistance due to the negative economic impacts from the COVID-19 public health emergency and such negative economic impacts are in an amount of at least \$2,000

___ The applicant's claim of negative economic impacts from the COVID-19 public health emergency is not based on, and assistance will not be used for, any expense that has been or will be reimbursed under any federal program, any other Tribal program, or insurance

___ The applicant has and will retain for a minimum of five (5) years a copy of all evidence needed to support the applicant's claim of negative economic impacts from the COVID-19 public health emergency attested to in the application and will furnish a copy of such evidence to the Tribe upon demand, provided that any applicant whose adjusted gross income is more than \$75,000 for a single person, \$112,500 for a head of household, or \$150,000 for a married couple will be required to furnish such evidence together with the application. *See question 16.*

___ Assistance will be expended only to address needs arising from the COVID-19 public health emergency and its negative economic impacts on the applicant's household

___ The applicant understands that while this Program is structured with the intent that the assistance be non-taxable to Tribal Members under the Tribal General Welfare Exclusion Act and IRS Revenue Procedure 2014-35, if the Internal Revenue Service deems the assistance taxable, then the Tribal Member and not the Tribe shall be responsible for any taxes, interest, and penalties

___ Nothing in this COVID-19 Household Economic Assistance Program shall create any obligation legally enforceable against the Tribe or waive the sovereign immunity of the Tribe or any of its agents or employees

___ The information contained in the application and certification form is true and accurate in all material respects, and the applicant understands that knowingly making a false statement to obtain economic assistance from the COVID-19 Household Economic Assistance Program is punishable under the law

DOCUMENTATION OF ECONOMIC HARM

16. If your adjusted gross income is more than \$75,000 for a single person, \$112,500 for a head of household, or \$150,000 for a married couple (combined income of both spouses), you are required to submit, together with this application, sufficient information and documentation to verify your claim of negative economic impacts resulting from the COVID-19 public health emergency in at least the amount of \$2,000.

Is the required additional information and documentation attached to this application? Yes No

Note: You must answer question 16 and provide the required information and documentation if your answer to question 11 is "No."

ADDITIONAL SURVEY QUESTIONS

All applicants must answer the following "Additional Survey Questions." Your answers to these questions will not affect your eligibility for assistance under this program.

17. Have you been vaccinated for COVID-19? Yes No

If your answer to question 17 is "Yes," you may skip questions 18 and 19 and go to question 20.

18. Do you intend to get vaccinated for COVID-19? Yes No

If your answer to question 18 is "Yes," you may skip question 19 and go to question 20.

19. If you do not intend to get vaccinated for COVID-19, which of the following describes your reason or reasons for not getting vaccinated? (Check all that apply.)

Medical reason

Religious reason

Other reason

20. Are you a military veteran? Yes No

21. How many people are currently living in your household? _____

22. Does your household have hot and cold running water? Yes No

23. Does your household have heat? Yes No

24. Does your household have broadband (high speed) Internet such as cable, fiber optic, or DSL service installed in the house? Yes No

25. Does your household have a functioning vehicle? Yes No

26. What is the highest degree or level of school you completed? (Check one.)

- Below grade 9
- Grade 9
- Grade 10
- Grade 11
- Grade 12 (or GED)
- Associate's degree
- Bachelor's degree
- Graduate or professional degree (such as Master's degree, Ph.D., M.D., J.D., etc.)

27. Within the last four weeks, have you worked for pay or profit? Yes No

If your answer to question 27 is "Yes," you may skip question 28.

28. Within the last four weeks, have you actively looked for work? Yes No

This application is submitted under pains and penalties of perjury and other punishments under the law, and any amounts found to be disbursed based on fraudulent information shall be recouped by the Tribe.

Applicant Signature: _____

Date: _____